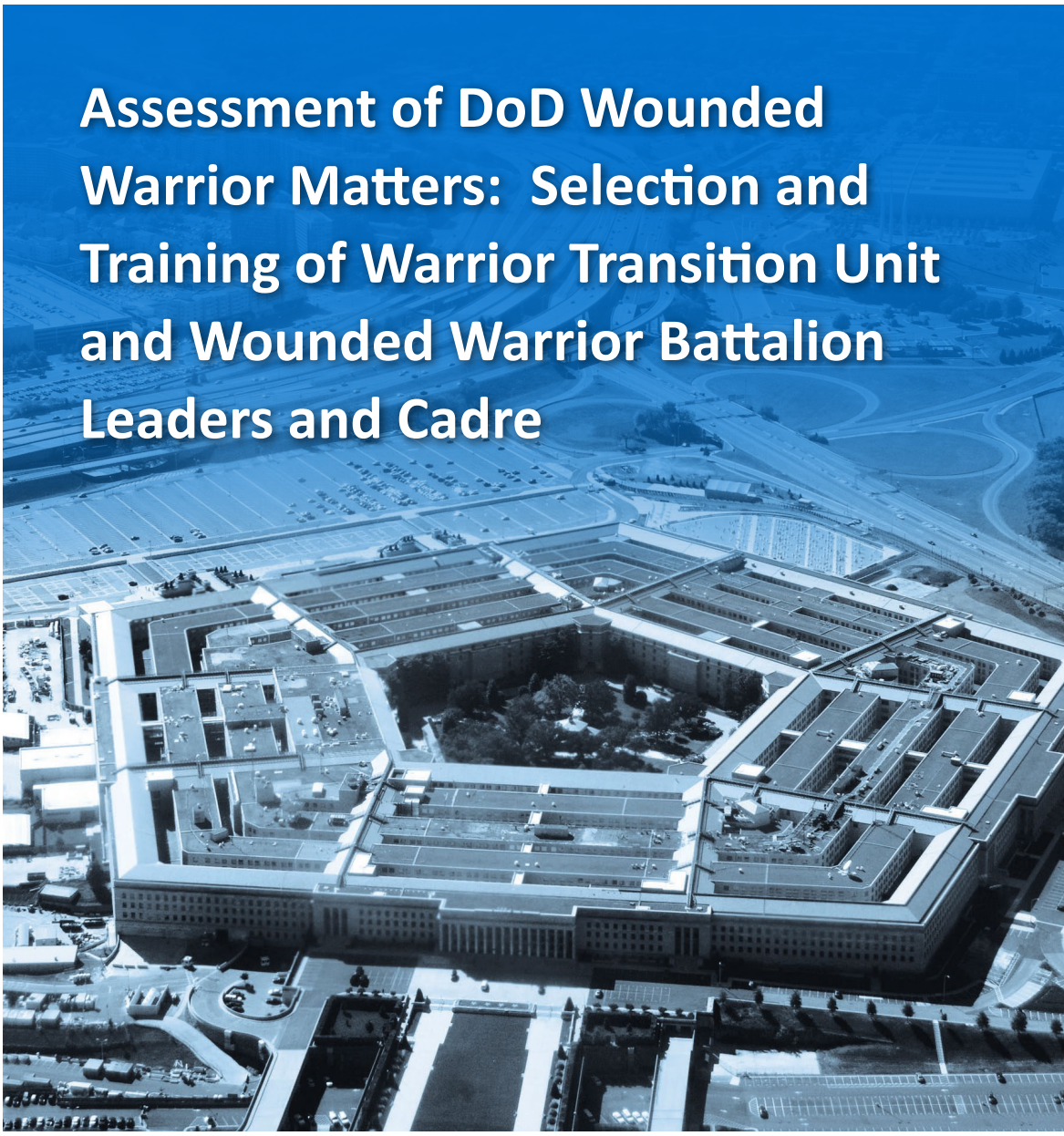
Report No. DODIG-2014-100

INSPECTOR GENERAL

U.S. Department of Defense

AUGUST 22, 2014

Assessment of DoD Wounded Warrior Matters: Selection and Training of Warrior Transition Unit and Wounded Warrior Battalion Leaders and Cadre



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Results in Brief

Assessment of DoD Wounded Warrior Matters: Selection and Training of Warrior Transition Unit and Wounded Warrior Battalion Leaders and Cadre

August 22, 2014

Objective

The objective of this assessment was to determine whether the United States Army and the United States Marine Corps had policies and procedures in place to ensure the selection and training of appropriately qualified personnel to fill leadership and cadre positions for Army Warrior Transition Units (WTUs) and Marine Corps Wounded Warrior Battalions (WWBns).

This is a follow-on assessment. During our six Wounded Warrior site visits and previously issued assessment reports, we noted systemic issues and challenges with selection and training of WTU and WWBn leaders and cadre. This report addresses these systemic issues.

Findings

This assessment identified several challenges and issues which, if resolved by Army and Marine Corps leadership, will enhance the overall effectiveness of the WTU and WWBn leaders and cadre selection process and enhance their effective and timely training, thereby providing them the qualifications to carry out their responsibilities in support of the recovery and transition of military personnel assigned to these units.

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Findings (cont'd)

The observations included in the report were:

- The Army Medical Department Center & School did not have sufficient full-time, authorized instructor staff to provide standardized training for newly assigned leaders and cadre to WTUs, as well as Community-Based Warrior Transition Units (CBWTUs). The lack of a dedicated instructor staff resulted in training program course inconsistency and lack of continuity, and has limited development of training program enhancements that would have better prepared leaders and cadre for their challenging WTU assignments.
- The Marine Corps Wounded Warrior Regiment relied on Marine Reserve Individual Mobilization Augmentee (IMA) personnel to staff the majority of senior non-commissioned officer (SNCO) and non-commissioned officer (NCO) leadership positions in WWBns and detachments. This resulted in the potential for inconsistent and unpredictable staffing levels.
- The selection of enlisted Active Component Marines for assignment to WWBns and detachment leadership positions did not include medical and legal screening or a formal interview and review process. The lack of these processes may not have ensured the Marine Corps leaders that the most appropriately qualified personnel were selected for WWBn positions.

Results in Brief

Assessment of DoD Wounded Warrior Matters: Selection and Training of Warrior Transition Unit and Wounded Warrior Battalion Leaders and Cadre

Recommendations

We made recommendations to the Deputy Commandant for Manpower and Reserve Affairs; Commander, U.S. Army Medical Command; and Commander, Warrior Transition Command to:

Army

- take action to remedy instructor staffing for the WTU Cadre Training Program in response to the October 25, 2013, memorandum from the Assistant Secretary of the Army (Manpower and Reserve Affairs), subject "Validation of the U.S. Army Medical Department Center & School Manpower Organizational Study," and
- ensure appropriate instructor staffing levels for the WTU Cadre Training Program are maintained to meet mission requirements.

Marine Corps

- modify the Table of Organization and Equipment to appropriately reflect the required WWBn leaders and cadre manning levels needed to sustain the mission;
- revalidate whether the manning precedence level category of WWBn East and WWBn West should be changed in the Commandant of the Marine Corps precedence levels of manning and staffing;
- develop risk mitigation plans, procedures, and contingencies for Wounded Warrior Battalion active and Reserve forces to ensure WWBn leadership billets are not largely dependent on Reserve IMA authorizations;
- develop policy and procedures to extend the standard length of Wounded Warrior Battalion Reserve IMA assignments to ensure greater stability in force structure, staff continuity, and to sustain the mission;
- establish a standard formalized screening and selection process for enlisted Active Component Marines filling WWBn positions similar to the process currently used for Reserve IMA Marines; and
- establish a standard review process whereby regiment and battalion leaders can interview potential Enlisted Active Component Marine WWBn candidates to ensure they are the "best fit" and most qualified to better serve the Marines in the WWBns.

Management Comments and Our Responses

The Department of the Army, Office of the Surgeon General and Assistant Deputy Commandant for Manpower and Reserve Affairs provided comments to this report. Management concurred with all the recommendations. However, we request that the Deputy Commandant for Manpower and Reserve Affairs provide the final analysis and results of the Wounded Warrior Regiment manning and staffing review. We should receive comments by September 19, 2014. The full reproduction of the comments received is included in this report.

Recommendations Table

Management	Recommendations Requiring Comment	No Additional Comments Required
Deputy Commandant for Manpower and Reserve Affairs	2.a, 2.b, 2.c	2.d, 3.a, 3.b
Commander, U.S. Army Medical Command		1.a
Commander, Warrior Transition Command		1.b

Total recommendations in this report: 8

Please provide comments by September 19, 2014.


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ALEXANDRIA, VIRGINIA 22350-1500

August 22, 2014

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Assessment of DoD Wounded Warrior Matters: Selection and Training of Warrior Transition Unit and Wounded Warrior Battalion Leaders and Cadre (Report No. DODIG-2014-100)

The Deputy IG, Special Plans and Operations (SPO) is providing this report for your information and appropriate action. This is the eighth Wounded Warrior report published by the DoD IG in the past four years. This report provides an assessment of selection and training of United States Army Warrior Transition Unit and United States Marine Corps' Wounded Warrior Battalion leaders and cadre.

We considered management comments to a draft of this report when preparing the final report. Comments from the Department of the Army, Office of the Surgeon General, and Assistant Deputy Commandant for Manpower and Reserve Affairs were responsive. However, we request that the Deputy Commandant for Manpower and Reserve Affairs provide the final analysis and results of the Wounded Warrior Regiment manning and staffing review.

Please provide comments that conform to the requirements of DoD Directive 7650.3. If possible, send your comments in electronic format (Adobe Acrobat file only) to SPO@dodig.mil. Copies of your comments must have the actual signature of the authorizing official for your organization. We are unable to accept the /Signed/ symbol in place of the actual signature. If you arrange to send classified comments electronically, you must send them over the SECRET Internet Protocol Router Network (SIPRNET). We should receive your comments by September 19, 2014.

Your comments should state whether you agree or disagree with the observation[s] and recommendation[s]. If you agree with our recommendations, clearly state that you "concur" or "concur with comment" and describe what actions you have taken or plan to take to accomplish the recommendations and include the completion dates of your actions. Send copies of documentation supporting the actions you may have already taken. If you disagree with the recommendations or any part of them, clearly state that you "non-concur," give specific reasons why you disagree, and propose alternative action if appropriate.

We appreciate the courtesies extended to the staff. Please direct any questions to [redacted]. We will provide a formal briefing on the results, if management requests.

Stanley E. Meyer ADIG

for Kenneth P. Moorefield
Deputy Inspector General
Special Plans and Operations

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Introduction

Background

The Military Services formed the Wounded Warrior programs because of the increased number of service member casualties incurred during military operations in Iraq and Afghanistan. Initial programs were formed as early as 2004 and 2005. The programs further developed following media and congressional interest over Wounded Warrior issues identified at Walter Reed Army Medical Center[1] in February 2007. Since then, there have been many oversight hearings, special commissions, task forces, and reports related to Wounded Warrior recovery, rehabilitation, and reintegration.

While the criteria for admission into Wounded Warrior programs vary somewhat by Service, there are similarities across these programs. All programs assist Wounded Warriors who are navigating through the complex DoD and Department of Veterans Affairs (VA) disability evaluation processes. They all provide career, education, and readiness transition support. Most provide care coordination and/or non-clinical case management. The Army provides clinical case management within the Warrior Transition Unit while the other Services provide it through the medical treatment facility. The overall objective of Wounded Warrior programs is to "ensure wounded, ill, injured and transitioning service members receive high quality care and seamless transition support."[2]

In June 2010, the DoD IG's Office of Special Plans and Operations began a series of site assessment visits to Army Warrior Transition Units (WTUs) and Marine Corps Wounded Warrior Battalions (WWBns). The purpose was to "determine whether DoD programs for the care, management, and transition of recovering service members wounded during deployment in Operation Iraqi Freedom or Operation Enduring Freedom were managed effectively and efficiently."

[1] The 2005 Defense Base Realignment and Closure (BRAC) Commission recommended that DoD establish a new Walter Reed National Military Medical Center (WRNMMC) on the site of the current National Naval Medical Center (NNMC) in Bethesda, Maryland. The last patients at Walter Reed Army Medical Center were transported August 27, 2011 to the new location at WRNMMC.

[2] DoD Office of Warrior Care Policy (http://warriorcare.dodlive.mil/about/).

The DoD IG has published seven reports to date related to Wounded Warrior programs based on site assessments of four Army and two Marine Corps Wounded Warrior units.

- Fort Sam Houston, Texas; March 17, 2011,
- Fort Drum, New York; September 30, 2011,
- Camp Lejeune, North Carolina; March 30, 2012,
- Wounded Warrior Battalion - West Headquarters and Southern California Units; August 22, 2012,
- Joint Base Lewis-McChord, Washington; May 31, 2013,
- Fort Riley, Kansas; August 6, 2013, and
- Managing Risks of Multiple Medications; February 21, 2014.

Our reports can be viewed at http://www.dodig.mil/pubs/index.cfm.

We noted systemic issues and challenges with the selection and training of WTU and WWBn leaders and cadre at the four Army and two Marine Corps Wounded Warrior units visited.

Objective

The objective of this assessment was to determine whether the United States Army and the United States Marine Corps had policies and procedures in place to ensure the selection and training of appropriate personnel to fill leadership and cadre positions within the Army WTUs and Marine Corps WWBns.

Scope

We conducted this assessment from March 2012 through December 2013. It specifically addresses the selection and training of Army WTU and Marine Corps WWBn leaders and cadre based on data collection and as observed during fieldwork. This assessment also draws conclusions from observations previously made in DoD IG reports about policies and practices of the United States Army and the United States Marine Corps resulting from visits to four Army and two Marine Corps Wounded Warrior units.

Methodology

We reviewed documents such as DoD directives and instructions; Service-level policies and practices such as Army regulations, policy memorandums, All Army Activities (ALARACTs), fragmentary orders (FRAGOs), and execution orders (EXORDs), and United States Marine Corps orders (MCOs) pertinent to the topics of selection and training of leaders and cadre in the Wounded Warrior population. We reviewed information from previous Wounded Warrior assessments. We obtained information through research and requests for information (RFIs) regarding current selection and training practices. Additionally, we conducted semi-structured interviews using a judgmental sample of selected cohorts of Army WTU and Marine Corps WWBn officers and enlisted personnel in leadership positions, and wounded, ill, and injured Soldiers and Marines in WTUs and WWBns.


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Significant Progress

United States Army Warrior Transition Command

During our assessment, we identified significant issues in the selection and assignment of the "best fit" and most qualified Soldiers to fill WTU cadre positions. As a result of our assessment in this area and discussions on-site with Wounded Warrior Transition Command (WTC) and WTU leaders, the Army WTC subsequently issued stricter and more consistent detailed guidance on the identification, screening, selection, and assignment of personnel for WTU cadre positions. It is too early to measure the effectiveness of the guidance issued January 15, 2014,[3] but the new direction taken by WTC meets our previous concerns regarding this issue.

United States Marine Corps - Wounded Warrior Regiment

During our assessment, we identified that the Wounded Warrior Regiment (WWR) lacked a more formalized training program for the WWBn Section Leaders. As a result of our assessment in this area and discussions on site with WWR and WWBn leaders, the United States Marine Corps WWR subsequently issued stricter and more consistent detailed guidance on WWBn Section Leader training. It is too early to measure the effectiveness of the guidance issued October 21, 2013,[4] but the formalization of WWBn Section Leader training by the WWR meets our previous concerns regarding this issue.

[3] Warrior Care and Transition Program (WCTP) Policy Memo 14-001, "Policy Memorandum - Warrior Transition Unit (WTU)/ Community Based Warrior Transition Unit (CBWTU) Cadre Assignments," January 15, 2014.

[4] Wounded Warrior Regiment Policy Letter 3-13, "Wounded Warrior Regiment Section Leader Training," October 21, 2013.


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Observation 1

Lack of Dedicated Army Medical Department Center & School Instructor Staffing

The Army Medical Department Center & School (AMEDDC&S)[5] did not have full-time, authorized instructor staff to provide standardized training for newly assigned leaders and cadre to Warrior Transition Units (WTUs), as well as to Community-Based Warrior Transition Units (CBWTUs).[6]

This occurred because the AMEDDC&S has not received a Table of Distribution and Allowances (TDA)[7] authorization for designated full-time instructor positions, which were previously determined to be cost prohibitive. Rather, the program relied on civilian and military personnel detailed from other Army agencies serving as trainers in secondary assignments.

The lack of a dedicated instructor staff resulted in training program course inconsistency and lack of continuity, and has limited development of program enhancements in the form of more hands-on, small-group, and realistic scenario-based training that would have better prepared leaders and cadre for their challenging WTU assignments.

[5] The Army Medical Department Center & School (AMEDDC&S) located at Joint Base San Antonio, Fort Sam Houston, Texas.

[6] Community Based Warrior Transition Units will be inactivated and replaced by Community Care Units (CCUs) as part of the Warrior Care and Transition Program Force Structure Implementation, Headquarters, US Army Medical Command, Operation Order, 14-24, February 2014.

[7] TDA is an authorization document developed for non-doctrinal units that prescribes the organizational structure and the personnel and equipment requirements and authorizations of a military unit to perform a specific mission for which there is no appropriate Table of Organization and Equipment.

Applicable Criteria (Appendix E)

FRAGO 3 to Operational Order (OPORD) 07-055, "MEDCOM Implementation of the Army Medical Action Plan (AMAP),"[8] June 2007.

Warrior Care and Transition Program (WTCP) Policy Memo, 14-001, "Policy Memorandum - Warrior Transition Unit (WTU)/Community Based Warrior Transition Unit (CBWTU) Cadre Assignments," January 15, 2014.

[8] In the 2008 Army Posture Statement Information Paper, the Army Medical Action Plan (AMAP) establishes an integrated and comprehensive continuum of care and services for Warriors in Transition. The AMAP was developed in 2007, and included ten "Quick Wins" for implementation across the Army. Item six identifies development of training and doctrine.

Background

The AMEDDC&S is the only mandated WTU cadre training site for the Army. Under AMEDDC&S, the Academy of Health Sciences (AHS) is the medical education and training campus, conducting 315 programs of instruction. In August 2007, the AHS was tasked with the development and deployment of the WTU cadre training requirement. During the initial planning stages of the training program, AHS conducted a business case analysis[9] to determine how best to meet the staffing requirements of the program.

Based on their initial analysis and training throughout, AHS concluded it would be cost prohibitive to have a staff of full-time instructors at the AHS. Therefore, the AHS decided to use a model that included borrowing subject matter experts (SMEs) from other agencies to teach specific course material.

Discussion

The AMEDC&S WTU Cadre Training Program lacked dedicated instructor staff to provide standardized training for newly assigned leaders and cadre.

The current TDA for the AMEDDC&S WTU Cadre Training Program established the program director position as the only authorized permanent staff position for the program, functioning as both the department head and program director. Additional staffing was comprised of a contracted administrative specialist and senior training specialist, 2 mobilized SNCOs, and 30 to 40 SME instructors detailed from their primary assignments at the AHS, where they performed their principal day-to-day duties. The 30 to 40 detailed instructors were on loan only temporarily to teach courses in the WTU Cadre Training Program.

In our discussions with WTC leaders and WTU cadre training staff, they indicated that a major impediment to further progress in the AMEDDC&S's WTU Cadre Training Program was the lack of sufficient, dedicated instructor staff and resources to effectively operate a more robust training program that could appropriately support the size and needs of in-resident cadre students.

[9] A business case analysis is the evaluation of alternative solutions for obtaining best value, while achieving operational requirements balancing cost, schedule, performance, and risk.

Warrior Transition Unit Cadre Training Program Facts

Over the past 5 years, the AMEDDC&S has conducted 10 classes per year, with an average class size of approximately 100 students. From 2009 through the 4th Quarter of FY 2013, a total of 4,731 students graduated from the program. The January 15, 2014, "WTU/CBWTU Cadre Assignments Policy Memorandum"[10] established requirements for cadre to attend training preferably before, but not later than 60 days after assuming their WTU cadre duties. This reinforces the requirement for a larger, fully dedicated instructor staff to manage the larger class sizes.

Lack of Sufficient Dedicated Instructor Positions and Impact on Student Training

Based on class size alone, the high student-to-instructor ratio limited the director's ability to conduct small group training, such as role playing and scenario-driven team exercises. Such training would expose prospective WTU leaders and cadre students to a range of situations they would likely encounter, and to techniques for managing those situations appropriately. Having a dedicated staff with experience to simulate such scenarios and conduct small group training would greatly enhance the effectiveness of the training.

In previous DoD IG Wounded Warrior reports,[11] WTU leaders and cadre indicated that many of the Soldiers assigned to the WTUs had Post-Traumatic Stress Disorder (PTSD)[12]/Traumatic Brain Injury (TBI) and behavioral health issues. At one location, WTU leaders estimated that 60 percent of WTU Soldiers had behavioral health issues, and an estimated 40 percent of Soldiers had PTSD and/or TBI symptoms.

Given the prevalence of these medical conditions, WTB leaders and staff recognized the need for additional training to more properly prepare them for their challenging role in managing the diverse needs of the Soldiers assigned to the WTUs. Additional training topics proposed included:

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[10] Warrior Care and Transition Program (WCTP) Policy Memo 14-001, "Policy Memorandum - Warrior Transition Unit (WTU)/ Community Based Warrior Transition Unit (CBWTU) Cadre Assignments," January 15, 2014.

[11] Report No. SPO-2011-010, "Assessment of DoD Wounded Warrior Matters - Fort Drum," September 30, 2011, and Report No. DoDIG-2013-087, "Assessment of DoD Wounded Warrior Matters - Joint Base Lewis-McChord," May 31, 2013.

[12] Post-traumatic stress disorder (PTSD) is a mental health condition that is triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

- increased behavioral health familiarization training and incorporated role playing scenarios,
- team building exercises,
- staff stress reduction and resiliency training,
- administrative and medical management issues, and
- communication and counseling skills.

A dedicated team of permanently assigned instructors, as proposed, would enable the program director to incorporate these worthy recommendations.

Army Planning for a Full-time Staff

In FY 2012, U.S. Army Medical Command (MEDCOM) completed a manpower review and analysis that highlighted the requirement for increased staffing based on the high instructor-to-student ratios and the lack of an Army-approved TDA for the WTU Cadre Training Program.

The manpower review concluded that AHS required at least 13 dedicated staff instructor positions for the WTU Cadre Training Program. On October 25, 2013, the Assistant Secretary of the Army (Manpower and Reserve Affairs) issued a memorandum regarding "Validation of the AMEDDC&S Manpower Organizational Study." The response validated 11 of the 13 required WTU cadre training positions.

As of May 20, 2014, the U.S. Army Manpower Analysis Agency (USAMAA) and the AMEDC&S were still working on a solution for the dedicated staff instructor positions congruent with the results of the manpower study.

Conclusion

Previous DoD IG Wounded Warrior reports identified the need for focused training to equip WTU leaders and cadre with the right skills needed to deal effectively with the unique WTU mission challenges. Training of WTU leaders and cadre at the AMEDDC&S continues to improve and evolve. However, inadequate staffing and the need for a TDA authorizing the necessary full-time training instructor staff positions remains a

significant impediment to further progress needed in the development of the WTU Cadre Training Program.

The lack of a dedicated instructor staff has prevented or limited the incorporation of scenario-based training, such as role playing, hands-on training, and small group sessions into the course of instruction, improvements which would enable cadre to be better prepared to effectively cope with the unique WTU operational environment and assist Soldiers and their families.

Recommendations

Recommendation 1.a

Commander, U.S. Army Medical Command, take action to meet the instructor staffing requirements for the Warrior Transition Unit Cadre Training Program in response to the October 25, 2013, memorandum from the Assistant Secretary of the Army (Manpower and Reserve Affairs), subject "Validation of the U.S. Army Medical Department Center & School Manpower Organizational Study."

Commander, U.S. Army Medical Command Comments

Commander, U.S. Army MEDCOM concurred with comment to the recommendation. Based on additional data and information submitted by the AMEDDC&S, the U.S. Army Manpower Analysis Agency approved 13 instructor requirements for the Department of Warrior Transition Units (WTU Cadre Training Program).

Our Response

Comments from the Commander, U.S. Army MEDCOM are responsive and the actions meet the intent of the recommendation. No additional comments are required.

Recommendation 1.b

Commander, Warrior Transition Command, in coordination with Commander, Army Medical Department Center & School, assess instructor-to-student staffing ratios for Warrior Transition Unit Cadre Training Program to identify instructor

shortfalls and initiate action to request formal manpower reviews as needed to meet mission requirements.

Commander, Warrior Transition Command Comments

Commander, WTC concurred with comment to the recommendation. The WTC and AMEDDC&S continue to work together to assess WTU Cadre Training Program needs and initiate actions to meet mission requirements.

Our Response

Comments from the Commander, WTC are responsive and the actions meet the intent of the recommendation. We acknowledge the ongoing efforts by the WTC and AMEDDC&S to ensure appropriate instructor staffing ratios are maintained and that training is focused to equip WTU leaders and cadre with the right skills to deal effectively with the unique WTU mission challenges. We may choose to assess the WTU Cadre Training Program instructor-to-student staffing ratios and its impact to the overall WTU Cadre Training Program effectiveness in the future.

Observation 2

Shortcomings in Marine Corps Wounded Warrior Battalion Assignment Process

Both Wounded Warrior Battalions (WWBns) - East and West - relied on Reserve Individual Mobilization Augmentee (IMA)[13] Marines to staff the majority of SNCO and NCO leadership positions.

This occurred because of IMA staff turnover and personnel shortages. The use of Reserve IMAs under Overseas Contingency Operations (OCO) funding was a temporary solution, and was dependent on the willingness of IMA volunteers and the availability of annual OCO funds.

As a result, the number of personnel serving in WWBn leadership positions was unpredictable and unlikely to provide consistent support for the recovery, rehabilitation, and reintegration of wounded, ill, and injured Marines.

[13] Individual Mobilization Augmentees (IMAs) are individual selected Reservists who receive training and are pre-assigned to an active component organization billet that must be filled to meet the requirements of the organization to support mobilization (including pre-and/or post-mobilization) requirements across the spectrum of military operations and training.

Applicable Criteria (Appendix E)

Marine Corps Order 5320.12H, "Precedence Levels for Manning and Staffing," June 4, 2012.

Marine Corps Order 1001R.1K, "Marine Corps Reserve Administrative Management Manual (MCRAMM)," March 22, 2009.

Marine Corps Order 1001.62A, "Individual Mobilization Augmentee (IMA) Program," January 17, 2012.

Background

The Deputy Commandant for Manpower and Reserve Affairs (DC M&RA), is responsible for staffing units based on the priorities established by the Commandant of the Marine Corps (CMC). The DC M&RA establishes staffing goals by precedence levels, current inventories, and in accordance with Marine Corps policies.

The four distinct unit manning precedence level categories are depicted in Table 1. The WWR, WWBn-East, and WWBn-West fall within the Priority Command category. The CMC minimum manning level for Priority Commands is 95 percent for both officers and enlisted Marines, subject to personnel available. Grade and Military Occupational Specialty (MOS) substitutions may be used to facilitate staffing of billets if the assignable personnel are not available.

During October 2013, the WWBn manning levels fell below the CMC minimum manning level of 95 percent for a Priority Command. Both WWBn-East and WWBn West manning levels for officers and enlisted were between 74 and 85 percent. [14]

Table 1. United States Marine Corps Precedence Levels for Manning and Staffing

Precedence Levels Categories	Mission	Minimum Manning Level Percentage (%)
Excepted Command	Fill a vital or mandated need	100 for both Officers and Enlisted
OpFor Command	Integral to current operational needs	95 for Officers and 97 for Enlisted
Priority Command	While not excepted or specifically integral to the operating forces, serve a significant function	95 for both officers and enlisted
Proportionate Share Command	Those not categorized within the other three categories	92 for Officers and 94 for Enlisted

Source: Marine Corps Order 5320.12H, June 4, 2012

Discussion

WWBns depend on Reserve IMA staffing to provide leadership, support, and direction to wounded, ill, and injured Marines.

Wounded Warrior Battalion - East and West Staffing Structure

The United States Marine Corps Wounded Warrior Regiment (WWR) has a relatively small, active duty structure with the majority of personnel assigned to the two WWBns. The October 21, 2013, Unit Table of Organization and Equipment (TO&E)[15] reports for WWBn-East and WWBn-West required a large number of the positions to be staffed by IMA Reserve officers and enlisted. However, in our review of WWBn-East and WWBn-West "on hand" staff, we noted an increase in the number

[14] Table 2 and Table 3 illustrate Authorized and Assigned Wounded Warrior Battalion East and West staff as of October 28, 2013. Information obtained from Wounded Warrior Regiment.

[15] Table of Organization and Equipment (TO&E) is a table listing the number and duties of personnel and the major items of equipment authorized for a military unit.

of active duty officer and enlisted Marines filling the positions within the WWBns, partly due to an unanticipated increase in wounded, ill, and injured Marines, and partly due to an inability to staff the Reserve IMA Marine positions on the TO&E. At the request of the WWR, the DC M&RA assigned additional active duty Marines to temporarily augment the active duty structure to meet mission requirements and to fill some of the vacant positions that would have been filled by Reserve IMA Marines. However, the additional surge of active duty personnel to assist the WWBns was only a temporary solution since the authorization remained to be filled by Reserve IMAs.

As of October 28, 2013, the combined active duty and Reserve IMA authorization strength for WWBn-East and WWBn-West was 280. Reserve IMAs were authorized 251 of those positions while active duty was responsible for 26 of them. The IMAs were only able to fill 121 of its assigned 251 positions for a fill rate of under 50 percent. Active duty Marines partially augmented this shortage by overfilling their requirement of 26 positions, assigning 98 personnel to fill the vacant IMA officer and enlisted positions. Tables 2 and 3 illustrate "authorized and on hand" WWBn Marine staff in support of the WWBn-East and WWBn-West, and depict the imbalance in the "authorized and on hand" ratio between active duty and Reserve IMA categories.

*Table 2. Authorized/On Hand Wounded Warrior Battalion-East Staff**

Precedence Levels Categories	Active Authorized/On hand	Active Reserve Authorized/On hand	Reserve (IMA) Authorized/On hand
Marine Officers	5/ 7	1/ 1	16/ 8
SNCO	6/ 33	0/ 0	70/ 33
NCO	3/ 13	0/ 0	43/ 26
Total	14/ 53	1/ 1	129/ 67

* As of October 28, 2013

*Table 3. Authorized/On Hand Wounded Warrior Battalion-West Staff**

Precedence Levels Categories	Active Authorized/On hand	Active Reserve Authorized/On hand	Reserve (IMA) Authorized/On hand
Marine Officers	5/ 7	1/ 1	13/ 7
SNCO	5/ 32	0/ 0	70/ 25
NCO	2/ 6	1/ 1	39/ 22
Total	12/ 45	2/ 2	122/ 54

* As of October 28, 2013

The increase of "on hand" active duty personnel is significant and warrants further review of the TO&E to determine if the total authorization of active duty personnel is adequate to meet the WWBn mission requirements. The TO&E relied on a large number of Reserve IMA personnel to fill its spaces, but evidently the Reserves have difficulty identifying a sufficient number of personnel to assign to them and keep them filled.

To effectively manage the manpower process, the Marine Corps must reevaluate the TO&E to determine the appropriate force structure needed to maintain, sustain, and meet WWBn mission requirements.

Risk mitigation procedures must be developed to ensure WWBn authorizations are not largely dependent on Reserve IMA personnel and that provisions are in place for a proportioned force structure that maintains or exceeds the minimum manning level established for a Priority Command, to include, an adequate ratio of active duty personnel as the Reserve IMAs availability decreases.

Reserve Individual Mobilization Augmentee Funding

Reserve IMAs on mobilization orders are funded from 1-year appropriations. When funds expire at the end of the fiscal year, and/or in the absence of a new fiscal year annual appropriation (that is, during funding under "continuing resolution"),[16] the Reserve IMA is demobilized, potentially leaving the position unfilled and the WWBn understaffed. This creates a disincentive for Reserve IMAs to volunteer for a 1-year assignment with WWBns.

We acknowledge the funding and potential manning constraints imposed on the Marine Corps by the uncertain availability of Reserve IMA Marines to fill WWBn positions. However, the unpredictability of annual funding and limitation on funds imposed by 1-year appropriations has the distinct potential to cause significant staffing turbulence and to impact the continuity and trust established between the section leader and his or her wounded, ill, and injured Marines, impeding Wounded Warrior recovery. The reliance on Reserve IMAs to staff a large percentage of leadership positions places the WWR at risk for not having the available staffing to maintain the minimum manning levels required to support the wounded, ill, and injured Marines assigned to the WWBns and detachments.

[16] Random House Dictionary, 2013, defines continuing resolution as legislation enacted by Congress to allow Government operations to continue until the regular appropriations are enacted-used when action on appropriations is not completed by the beginning of a fiscal year.

Conclusion

Without the appropriate funding and provisions to maintain adequate and stable staffing levels of both active duty and Reserve IMA authorizations, the WWBns and detachments are potentially at risk for being understaffed. The DC M&RA, and WWR must continually account for turnover, unplanned losses, and the cyclical nature of Reserve IMA manpower to balance and meet WWBn mission requirements. The past reliance on Reserve IMAs to fill critical WWBn leadership positions, questionable ability to fill current IMA billets, as well as uncertain OCO funding for Reserve IMAs is problematic, and if left unresolved could negatively impact the recovery, rehabilitation, and reintegration of wounded, ill, and injured Marines.

Recommendations

Recommendation 2

The Deputy Commandant for Manpower and Reserve Affairs should:

a. Modify the Table of Organization and Equipment to appropriately reflect the required Wounded Warrior Battalion leaders and cadre manning levels to sustain the mission.

b. Revalidate whether the manning precedence level category of Wounded Warrior Battalion - East and Wounded Warrior Battalion - West should be changed in the Commandant of the Marine Corps Precedence Levels for Manning and Staffing.

c. Develop risk mitigation plans, procedures, and contingencies for Wounded Warrior Battalion active duty and Reserve forces to ensure Wounded Warrior Battalion leadership billets are not largely dependent on Reserve Individual Mobilization Augmentee authorizations.

Deputy Commandant for Manpower and Reserve Affairs Comments

The Assistant Deputy Commandant for Manpower and Reserve Affairs concurred with comment to Recommendations 2.a, 2.b, and 2.c. An Operational Planning Team has been directed to identify the future staffing requirements of the WWR and subordinate elements as determined by the expected population of future wounded, ill, or injured Marines. The DoD IG recommendations, and the conclusions and recommendations from the Operational Planning Team will be submitted to the DC M&RA for decision.

Our Response

Comments from the Assistant Deputy Commandant for Manpower and Reserve Affairs to Recommendations 2.a, 2.b, and 2.c are responsive and the actions meet the intent of the recommendations. However, in response to the final report, we request that the DC M&RA provide the final analysis and or update on the results of the WWR manning and staffing review.

d. Develop policy and procedures to extend the standard length of Wounded Warrior Battalion Reserve Individual Mobilization Augmentee assignments to 2 years, to ensure greater stability in force structure, staff continuity, and to sustain the mission.

Deputy Commandant for Manpower and Reserve Affairs Comments

The Assistant Deputy Commandant for Manpower and Reserve Affairs concurred with comment to Recommendation 2.d. The Assistant Deputy Commandant emphasized that efforts are made to retain high performing Reserve personnel each fiscal year depending on the availability of funding and the individual reservists' personal desires or service limitations. The Assistant Deputy Commandant commented that no action will be taken in response to the recommendation.

Our Response

Comments from the Assistant Deputy Commandant for Manpower and Reserve Affairs are responsive. We will track this process as part of the final Operational Planning Team review of WWR manning and staffing noted above in Recommendations 2.a, 2.b, and 2.c.

Observation 3

Shortcomings in Marine Corps Wounded Warrior Battalion Selection Process

Enlisted Active Component Marines were assigned to WWBn and detachment leadership positions, but not all possessed the adequate experience, maturity, or compassion for the assignment.

This occurred because the Marine Corps used general assignment procedures which did not take account of the unique challenge inherent in assignment to the WWBn. Additionally, WWBn leaders did not have the opportunity to screen and interview Enlisted Active Component Marines to ensure they were the "best fit" and most qualified for the unique WWBn population.

As a result, some Marines received assignment to WWBns who were not sufficiently qualified to serve in their positions and who could have compromised the recovery, rehabilitation and reintegration of wounded, ill, and injured Marines.

Applicable Criteria (Appendix E)

Marine Corps Order 5320.12H, "Precedence Levels for Manning and Staffing," June 4, 2012.

Marine Corps Order P1300.8R, "Marine Corps Personnel Assignment Policy," October 4, 1994.

Background

The Deputy Commandant for Manpower and Reserve Affairs (DC M&RA), has the responsibility for staffing units based on the priorities established by the CMC. The DC M&RA establishes staffing goals by precedence levels and personnel availability.

Discussion

The Enlisted Reserve IMA selection process included a review of the Marines' Reserve Qualification Summary,[17] a medical and legal screening process, and interviews with WWR and WWBn staff.

[17] Reserve Qualification Summary (RQS) is a form intended to provide boards with an update of military and civilian skills and qualifications which may not be included in a members Official Military Personnel Files (OMPF).

Inconsistency in Screening and Selection of Wounded Warrior Battalion Enlisted Reserve and Active Component Section Leaders

While a more formalized process existed for selection of Marine Reserve IMA section leader candidates, the same formalized process was not applied equally to Enlisted Active Component Marines being considered for WWR, WWBn, or detachment positions. The Marine Corps Policy did not include a medical and legal screening process nor take into consideration certain personal and professional attributes that were important to providing the support and structure warranted for this unique wounded, ill, and injured Marine population.

Enlisted Active Component Marine section leaders did not go through a formalized screening and interview process, but were assigned by DC M&RA to the WWBn based on current manning, staffing authorizations, and general assignment policy requirements. A WWBn leader stated that the Enlisted Active Component Marine selection process was "broken," and that neither the regiment nor the battalion leadership had a say in who received orders for the WWBn assignment. He noted that, "not every Marine is cut out for this type of duty."

WWBn leadership commented that Head Quarters Marine Corps (HQMC) assigned First Sergeants to the WWBns without the WWBn Commander or WWR Sergeant Major having the opportunity to interview or even to provide feedback about the qualifications of the candidate.

Length of Assignment

During our interviews, WWBn leaders commented that section leaders needed to be assigned a minimum of 2 years to the WWBn. These leaders explained that tour lengths less than 2 years did not provide an effective learning environment, and asserted that due to the unique complexity of Wounded Warrior support operations, it could take at least 3 to 6 months for section leaders to become knowledgeable and proficient as WWBn Section Leaders.

Section leaders serve as mentors and develop personal relationships with the wounded, ill, and injured Marines they support, and "having the right balance of compassion and discipline and operational experience was beneficial for WWBn cadre candidates." This underscores the importance of the stability and length of section leader assignments.

Conclusion

Enlisted Active Component Marines were assigned to WWBn leadership positions, but not all possessed adequate experience, maturity, and compassion required for this unique assignment. Marine Corps policy applied general assignment requirements to Enlisted Active Component Marine WWBn assignments, which did not include medical or legal screening or take into consideration certain personal and professional attributes essential for the role of a WWBn Section Leader. Additionally, WWR and WWBn leaders were not part of the screening and selection process.

By establishing a standard formalized screening and selection process similar to the processes used to screen Enlisted Reserve IMA candidates, WWR and WWBn leaders would have the opportunity to review records and interview Enlisted Active Component Marines to ensure they were the "best fit" and most qualified to better serve the Marines in the WWBns.

Recommendations

Recommendation 3

The Deputy Commandant for Manpower and Reserve Affairs should:

a. Establish a standard formalized screening, selection, and assignment process for Enlisted Active Component Marines filling Wounded Warrior Battalions positions similar to the process currently used for Reserve Individual Mobilization Augmentee Marines.

b. Establish a standard review process whereby regiment and battalion leaders can interview potential Enlisted Active Component Marine WWBn candidates to ensure they are the "best fit" and most qualified to better serve the Marines in the Wounded Warrior Battalions.

Deputy Commandant for Manpower and Reserve Affairs Comments

The Assistant Deputy Commandant for Manpower and Reserve Affairs concurred with comment to Recommendations 3.a and 3.b. The Wounded Warrior Operational Planning Team will consider development of a screening and assignment process for Enlisted Active and Reserve Component Marines to WWBn positions. The Operational Planning Team recommendations will be submitted to the DC M&RA for final decision.

Our Response

Comments from the Assistant Deputy Commandant for Manpower and Reserve Affairs to Recommendations 3.a and 3.b are responsive. We will track these recommendations as part of the final Operational Planning Team review of WWR manning and staffing noted in Recommendation 2.

Appendix A

We conducted this assessment from March 2012 to December 2013 in accordance with Council of the Inspectors General on Integrity and Efficiency, "Quality Standards for Inspections and Evaluations," January 2012. We planned and performed the assessment to obtain sufficient and appropriate evidence to provide a reasonable basis for our observations and conclusions, based on our assessment objectives.

Scope

The objective of the prior overarching "Assessment of DoD Wounded Warrior Matters" (Project No. D2010-D00SPO-0209.000) was to assess the DoD programs for the care, management, and transition of recovering service members wounded during deployment in Operation Iraqi Freedom or Operation Enduring Freedom. This assessment specifically addresses the selection and training of WTU and WWBn leaders and cadre based on data collection and as observed during field work. This assessment also draws conclusions from observations previously made in DoD IG reports about policies and practices of the United States Army and the United States Marine Corps resulting from visits to four Army and two Marine Corps Wounded Warrior units.

Methodology

We stated in our April 16, 2010, project announcement memorandum, as well as the design plan, that additional assessments on Wounded Warrior Matters may be conducted as relevant issues were identified. After multiple site visits and reports, the issue of leaders and cadre selection and training became a recurring theme. We determined that a further evaluation of the selection and training methodology being used was required.

The objective of this follow-on assessment was to determine whether the United States Army and the United States Marine Corps had policies and procedures in place to ensure the selection and training of appropriately qualified personnel to fill leadership and cadre positions within the Army WTUs and Marine Corps WWBns.

We reviewed documents such as DoD directives and instructions, Service-level policies and practices, such as Army regulations, ALARACT, FRAGOs, EXORDs, and MCOs pertinent to the topics of selection and training of leaders and cadre in the

Wounded Warrior population. We obtained information through research and through RFIs regarding current selection and training practices. Additionally, we conducted semi-structured interviews, using a judgmental sample of selected cohorts of Army WTU and Marine Corps WWBn officers and enlisted leadership positions, and wounded, ill, and injured Soldiers and Marines in WTUs and WWBns.

We also reviewed observations from previous Wounded Warrior Assessments for information on the selection and training of leaders and cadre assigned to fill positions within the WTUs and WWBns. This review included documentation of site visits, interviews, and briefings to establish the subject matter on the selection and training of leaders and cadre. We also interviewed the following individuals for this report:

- WTU Commander, Brooke Army Medical Center;
- Program Director, AMEDDC&S, WTU Cadre Training Program;
- former MEDDAC Commander, Irwin Army Community Hospital, Fort Riley, Kansas;
- WTC Staff and former WTU Commander;
- Brigade Command Sergeant Major, Fort Hood Warrior Transition Brigade;
- Deputy Commander, Fort Hood Warrior Transition Brigade;
- WTC Sergeant Major for G-3/5/7 and former Walter Reed National Military Medical Center, Bethesda, Maryland, Operations Sergeant Major;
- WWB Commander, Fort Campbell, Kentucky;
- Battalion Commander, Fort Belvoir, Warrior Transition Battalion;
- Battalion Command Sergeant Major, Fort Belvoir, Warrior Transition Battalion;
- Senior Leadership, Warrior Transition Command;
- Senior Leadership, Wounded Warrior Regiment, Quantico, Virginia; and
- Wounded Warrior Battalion-East Leadership, Camp Lejeune, North Carolina.

Use of Computer-Processed Data

We did not utilize any computer processed data in this assessment.

Appendix B

Prior Coverage

Several reports were issued during the past 6 years about Department of Defense and Department of Veterans Affairs (VA) health care services and management, disability programs, and benefits. The Government Accountability Office (GAO), Department of Defense, Department of Defense Inspector General, and the Army Audit Agency have issued 15 reports specific to DoD Warrior Care and Transition Programs.

Unrestricted GAO reports can be accessed over the Internet at http://www.gao.gov.

Unrestricted DOD IG reports can be accessed at http://www.dodig.mil/PUBS/index.html.

DoD Recovering Warrior Task Force reports can be assessed http://dtf.defense.gov/rwtf/.

Army Audit Agency reports are not available over the Internet.

GAO

GAO Report No. GAO-13-5, "Recovering Servicemembers and Veterans: Sustained Leadership Attention and Systematic Oversight Needed to Resolve Persistent Problems Affecting Care and Benefits," November 2012

GAO Report No. GAO-12-129T, "DOD AND VA Health Care: Action Needed to Strengthen Integration across Care Coordination and Case Management Programs," October 6, 2011

GAO Report No. GAO-11-572T, "Federal Recovery Coordination Program: Enrollment, Staffing, and Care Coordination Pose Significant Challenges," May 13, 2011

GAO Report No. GAO-09-357, "Army Health Care: Progress Made in Staffing and Monitoring Units that Provide Outpatient Case Management, but Additional Steps Needed," April 20, 2009

DoD

Department of Defense Recovering Warrior Task Force, 2012-2013 Annual Report, September 3, 2013

Department of Defense Recovering Warrior Task Force, 2011-2012 Annual Report, August 31, 2012

Department of Defense Recovering Warrior Task Force, 2010-2011 Annual Report, September 2, 2011

DoD IG

DoD IG Report No. DoDIG-2014-040, "Assessment of DoD Wounded Warrior Matters - Managing Risks of Multiple Medications," February 21, 2014

DOD IG Report No. DODIG-2013-113, "Assessment of DoD Wounded Warrior Matters - Fort Riley," August 6, 2013

DOD IG Report No. DODIG-2013-087, "Assessment of DoD Wounded Warrior Matters - Joint Base Lewis-McChord," May 31, 2013

DOD IG Report No. DODIG-2012-120, "Assessment of DoD Wounded Warrior Matters - Wounded Warrior Battalion - West Headquarters and Southern California Units," August 22, 2012

DOD IG Report No. DODIG-2012-067, "Assessment of DoD Wounded Warrior Matters - Camp Lejeune," March 30, 2012

DOD IG Report No. SPO-2011-010, "Assessment of DOD Wounded Warrior Matters – Fort Drum," September 30, 2011

DOD IG Report No. SPO-2011-004, "Assessment of DOD Wounded Warrior Matters – Fort Sam Houston," March 17, 2011

Army

Army Audit Report No. A-2011-0008-IEM, "Army Warrior Care and Transition Program," October 21, 2010

Appendix C

Army Structure

Army Warrior Transition Command

The WTC was activated in 2009 to provide sole guidance and policy for the Army's WTUs and CBWTUs.[18] The WTC is the lead proponent for the Warrior Care and Transition Program (WCTP)[19] — an Army-wide structure to provide support and services for wounded, ill, or injured Soldiers.

The mission of the WTC is to successfully transition Soldiers and their families back to the Army or to civilian life, through a comprehensive program of medical care, rehabilitation, professional development, and achievement of personal goals.

A General Officer under the MEDCOM commands the WTC.[20] The WTC was created to provide a central comprehensive source for warrior care support, but does not provide command and control authority for the WTUs. The WTU commander reports to the commander of the Military Treatment Facility (MTF) on the installation to which it is assigned.

According to the WTC, as of December 16, 2013, there were 7,234 Warriors in Transition in the Army WTUs and CBWTUs. Over 699 Soldiers were wounded in battle or had TBI as a primary condition. Another 775 Soldiers had PTSD as a primary condition. Over 2,928 Soldiers had been injured or are ill for reasons related to a deployment or a mobilization. Overall, 6,248 Soldiers had at least one deployment. Since June 1, 2007, to 4th Quarter FY 2013, over 58,293 Soldiers have transitioned out of the WCTP.[21]

Army Warrior Transition Units

In 2007, the Army created 35 WTUs at major Army installations, primarily in the Continental United States (CONUS) and at other sites outside of CONUS, to better

[18] A Community-Based Warrior Transition Unit (CBWTU) functions as a WTU for Soldiers who receive medical care in their community - at Department of Defense, TRICARE, or Department of Veterans Affairs (VA) healthcare facilities. The CBWTU primarily provides outpatient care management and transition services for Army Reserve and National Guard Soldiers.

[19] Warrior Care and Transition Program, http://www.wtc.army.mil/about_us/programs.

[20] Warrior Transition Command, http://www.wtc.army.mil/about_us/wtc.html.

[21] Figures provided by the Army WTC, Issue Resolution and Tracking Team, December 16, 2013.

support the recovery process of the Army's wounded, ill, and injured service members. As of October 21, 2013, there were 29 WTUs and 9 CBWTUs.

The purpose of the WTUs is to provide personal support to wounded, ill, and injured Soldiers who require a minimum of 6 months rehabilitative care and complex medical management and to prepare them for transition to civilian life or back to active duty.

Army Warriors in Transition

The mission statement of a Warrior in Transition is:

> I am a Warrior in Transition. My job is to heal as I transition back to duty or become a productive, responsible citizen in society. This is not a status, but a mission. I will succeed in this mission because I am a Warrior.

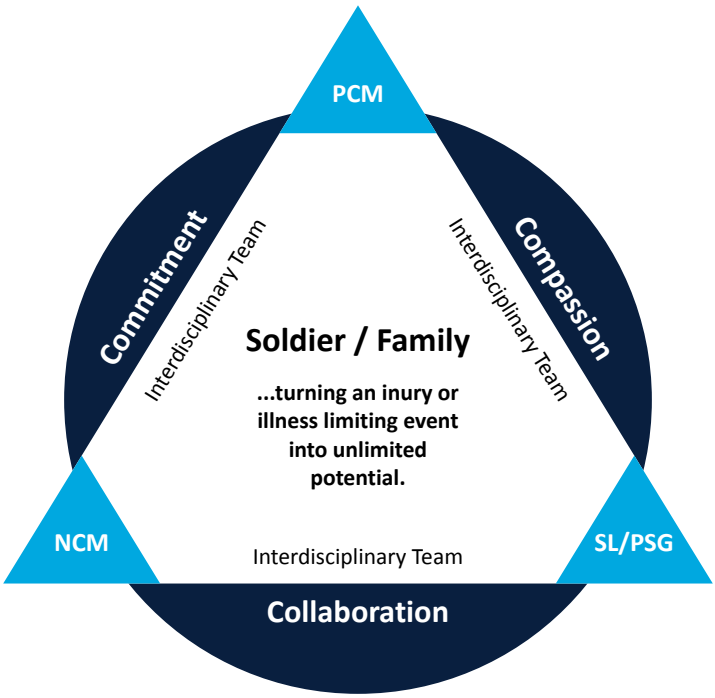
As of December 1, 2011, the Army replaced the term "Warrior in Transition" with "Soldier."

Triad of Care

The Army established the Triad of Care concept to envelop the Soldiers and their families in comprehensive care and support, which focuses on each Soldier's primary mission – to heal and transition. The Triad of Care consists of a squad leader, a nurse case manager (NCM), and a primary care manager (PCM). Within the Triad, the squad leader leads Soldiers, the NCM coordinates their care, and the PCM oversees the care. Specifically, the Triad of Care works together as a team[22] to collect Soldier data and information and develop a plan of care specific to each Soldier. The plan of care addresses medical treatment, administrative requirements, support needs, and disposition. The intent is for all of these elements to work together to ensure advocacy for the Soldiers, continuity of care, and a seamless transition back into the force or to a productive civilian life. Figure 1 shows the Triad of Care structure.

[22] According to the December 1, 2011 "Comprehensive Transition Plan," Policy and CTP Guidance (CTP-G), the inter-disciplinary team includes the WTU clinical and non-clinical team members that consist of the Triad of Care (Squad Leader, Nurse Case Manager, and Primary Care Manager) along with the Occupational Therapist Registered (OTR), Certified Occupational Therapy Assistant (COTA), Physical Therapy Assistant (PTA), Clinical Social Worker (CSW), Army Wounded Warrior Advocate, Soldier and Family Assistant Center (SFAC) personnel and Transition Coordinators.

Figure 1. Triad of Care



Source: Triad of Care, Comprehensive Transition Plan, Policy and CTP-Guidance (CTP-G), December 1, 2011

FRAGO 3 to EXORD 188-07, March 20, 2009, established the WTU Triad of Care staff to Soldiers ratios at: squad leader (1:10), nurse case manager (1:20), and primary care manager (1:200).

The following describes each Triad of Care member's roles and responsibilities.

- **Squad Leader** - traditionally an NCO in the rank of Sergeant (E-5) or Staff Sergeant (E-6) and the first line supervisor for all Soldiers. Their duty description includes, but is not limited to: daily accounting for Soldiers, counseling them and guiding them in their Comprehensive Transition Plan (CTP),[23] ensuring that they attend all appointments, tracking all of their administrative requirements, and building trust and bonding with Soldiers and their families.
- **Nurse Case Manager (NCM)** - a civilian or Army military nurse who provides the individualized attention needed to support the medical treatment, recovery, and rehabilitation phases of care of the Soldiers. The goal of case

[23] The CTP supports Soldiers in returning to the force or transitioning to a Veterans' status. Although standardized, the CTP allows each Soldier to customize his/her recovery process, enabling them to set and reach their personal goals with the support of the WTU cadre.

management is to orchestrate the best care for the Soldiers by monitoring progression of care, Focused Transition Review[24] recommendations, and Soldiers' respective goals to facilitate transition of the Soldier from one level of care to the next.

- **Primary Care Manager (PCM)** - either a military or civilian healthcare provider (for example, Physician, Physician Assistant, or Nurse Practitioner) who is the medical point of contact and healthcare advocate for the Soldier. They provide primary oversight and continuity of healthcare and are to ensure the level of care provided is of the highest quality. They are the gateway to all specialty care (such as behavioral health specialists or orthopedic surgeons) and they coordinate with other care providers to ensure that the Soldiers are getting the treatment they need.

Army Medical Department Center & School WTU Cadre Training Program

WTU Cadre Training is mandatory for newly assigned WTU Squad Leaders, Platoon Sergeants, Company Commanders, First Sergeants, Company Level Executive Officers, and Nurse Case Managers (NCMs). In addition, WTU/CBWTU Commanders are directed to ensure military personnel assigned as WTU/CBWTU cadre successfully complete training preferably before, but no later than 60 days after assuming a cadre position.

Additional training requirements are outlined in MEDCOM Operations Order 13-60, "Warrior Care and Transition Program Cadre Resilience Course," July 2013. This order requires all WTU Squad Leaders and Platoon Sergeants attend AMEDDC&S WTU Cadre Resilience Course, preferably en route, prior to reporting to a WTU/CBWTU assignment. As of September 2013, MEDCOM institutionalized the WTU Cadre Resilience Course as part of the existing AMEDDC&S WTU Staff/Cadre Training Program in order to improve cadre performance and resilience as they care for WTU/CBWTU Soldiers and their families.

WTU cadre training is open to other non-medical WTU support staff, to include: social workers, ombudsman, occupational therapists, Soldier and family hotline

[24] According to the Comprehensive Transition Plan Guidance, December 2011, Focused Transition Review (FTR) is a formal meeting that examines the CTP Scrimmage Plan, highlights projected MRDP dates, and focuses on what the WTU can do to resource the Soldiers' plan and how to apply resources to help the Soldier meet the benchmarks on the Scrimmage worksheet.

personnel, and administrative/operational personnel. The course was designed to provide standardized training based on common core courses that included, but were not limited to, the following topics:

- Soldier Comprehensive Transition Plan,
- effective communication in a high risk/low trust environment,
- mission command,
- Disability Evaluation System,
- Comprehensive Soldier Fitness,
- programs and resources available to aid Soldiers and their Families, and
- behavioral health awareness, suicide prevention and intervention, PTSD, managing drug and alcohol circumstances, Psychotropic Medications, and operational stress management.

Squad Leaders and Platoon Sergeants received certification after successful completion of on-line and in-resident course. In addition, these NCOs were awarded an additional skill identifier (ASI)[25] and received Special Duty Assignment Pay (SDAP).[26]

NCMs attended a 3-week resident course focused on case management fundamentals. A portion of the NCM resident training was conducted in conjunction with the 2-week WTU Cadre Training Program. The Nurse Case Manager Training Course core competencies were derived from the *Case Management Society of America Standards of Practice*. In addition, the course incorporated aspects of care unique to the military health system as identified in the Medical Management Guide.[27]

[25] Department of the Army Pamphlet 611-21, January 22, 2007 describes Additional Skill Identifiers (ASI) as specialized skills, qualifications and requirements that are closely related to and are in addition to those inherent to a Soldiers Military Occupational Specialty (MOS).

[26] Army Regulation 614-200, October 11, 2011, describes Special Duty Assignment Pay as a monetary incentive paid to enlisted soldiers in jobs that have been extremely demanding duties or involve an unusual degree of responsibility.

[27] The Medical Management Guide is issued by the Office of the Assistant Secretary of Defense for Health Affairs (ASD[HA]) and TMA, Office of the Chief Medical Officer (OCMO), Population Health and Medical Management Division (PHMMD). The Guide covers the components of a Medical Management (MM) program.

Appendix D

U.S. Marine Corps Wounded Warrior Regiment

The 34th Commandant of the Marine Corps, Gen. James T. Conway, in his 2006 Planning Guidance, highlighted his vision of taking care of Wounded Warriors and their families. As a result, the U.S. Marine Corps Wounded Warrior Regiment was established in 2007.

The mission of the WWR is:

> ...to provide and facilitate assistance to Wounded, Ill, and Injured (WII) Marines, Sailors attached to or in direct support of Marine units, and their family members, throughout the phases of recovery.[28]

The Regimental Headquarters, located in Quantico, Virginia, commands the operation of two Wounded Warrior Battalions located at Camp Pendleton, California (WWBn-West) and Camp Lejeune, North Carolina (WWBn-East). The Marine Corps WWR administers the Marine Corps' Recovery Coordination Program by ensuring wounded, ill, and injured Marines' medical and non-medical needs are fully integrated.

The United States Marine Corps Wounded Warrior Regiment brochure described the Marine Corps care model as "unique in that its approach is to return recovering Marines to their parent/operational units as quickly as their medical conditions permit." According to this brochure, allowing Marines to "stay in the fight" is what makes the Marine Corps care model successful.

As of December 1, 2013, 712 wounded, ill, or injured Marines were "*joined* or *supported*"[29] by the WWR. Of the 712 wounded, ill, or injured Marines, 666 were "*transferred*" to the WWR by service record or on temporary duty, and 46 Marines were not joined, but supported at a Military Treatment Facility (MTF) receiving support from resident WWR staff. On average, each month over 1,000 active duty wounded, ill, and injured Marines were assigned a Recovery Care Coordinator (RCC) to conduct comprehensive needs assessments and assist with wounded, ill, or injured Marines and their families and caregivers with defining and meeting their individual goals

[28] Fact Sheet - Wounded Warrior Regiment Brochure, www.woundedwarriorregiment.org

[29] The Wounded Warrior Regiment utilizes the terms "*joined* to the WWR as a Marine who is *transferred* by service record or temporary assigned duty; *supported* means a Marine is not joined, but *supported* by the WWR staff at a Military Treatment Facility."

for recovery, rehabilitation, and reintegration. The 353 Marines who were joined to the WWR were either wounded in combat or were ill and/or injured in a combat zone, and 313 Marines joined to the WWR were wounded, ill, or injured outside a combat zone.[30]

The Sergeant Merlin German Wounded Warrior Call Center[31] renders assistance to wounded, ill, and injured Marines and Marine veterans with obtaining benefits, referrals, and providing information on community reintegration services, and other resources. In addition to receiving calls from wounded, ill, and injured Marines and their families/caregivers, the call center conducts outreach calls offering assistance on issues such as disability ratings, medical care, employment, counseling, and benevolent organizations. Most outreach calls are to wounded, ill, and injured Marines on the Temporary Disability Retirement List (TDRL),[32] to ensure they receive appropriate support. The total number supported by the Call Center throughout the year, either by outreach or incoming calls, is more than 24,000.[33]

In addition to the two WWBns, located at Camp Pendleton (WWBn-West) and Camp Lejeune (WWBn-East), there are multiple detachments located around the globe, including at MTFs and VA Polytrauma[34] Centers.

There are also many District Injured Support Coordinators (DISCs) throughout the U.S. that conduct face-to-face visits and community outreach. Table 4 shows Wounded Warrior Regiment Detachment /Company/ Liaison Locations.

30 Demographics from Wounded Warrior Regiment, December 16, 2013.

31 Fact Sheet - Wounded Warrior Regiment, Sergeant Merlin German Wounded Warrior Call Center, www.woundedwarriorregiment.org/.

32 Temporary Disability Retirement List (TDRL) is a list of service members found to be unfit for military duty by reason of disability that has not stabilized to permit an assessment of a permanent disability rating.

33 Demographics from Wounded Warrior Regiment, December 16, 2013.

34 "Polytrauma" was termed by VA to describe injuries to multiple body parts and organs as a result of blast-related wounds seen in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Traumatic brain injury (TBI) frequently occurs in polytrauma in combination with other disabling conditions, such as amputation, auditory and visual impairments, spinal cord injury (SCI), post-traumatic stress disorder (PTSD), and other medical conditions.

Table 4. Wounded Warrior Regiment Detachment/Company/Liaison Locations

Wounded Warrior Battalion - West Sites	Wounded Warrior Battalion - East Sites
Naval Medical Center San Diego, CA	Naval Hospital Camp Lejeune, NC
Naval Hospital Camp Pendleton, CA	Naval Medical Center Portsmouth, VA
Naval Hospital Twentynine Palms, CA	Walter Reed National Military Medical Center, Bethesda, MD
VA Polytrauma Rehabilitation Center, Palo Alto, CA	Richmond Polytrauma Rehabilitation Center, Richmond, VA
Naval Medical Clinic, Kaneohe Bay, HI	San Antonio Military Medical Center, San Antonio, TX
Naval Hospital Okinawa, Japan	Minneapolis Veterans Administration Health Care System, Minneapolis, MN
	James A. Haley Veterans Hospital, Tampa, FL
	Landstuhl Regional Medical Center, GE
	Fort Belvoir Community Hospital, Fort Belvoir, VA

Source: Wounded Warrior Regimental Structure Fact Sheet; woundedwarriorregiment.org; June 2013.

Personnel Support of the Wounded Warrior Battalions

There are several members of the care team that support individual USMC Marine recovery and transition, including, among others, the Marine's section leader, Medical Case Manager (MCM), PCM, and RCC.

The following briefly describes each member's roles and responsibilities.

- **Section Leader** – a military service member SNCO[35] who plays a key leadership role in supporting the Marine through the recovery process and helps them complete actions necessary to meet their transition goals as outlined in their Comprehensive Recovery Plan (CRP).[36] The section leader combines the discipline and standards of the Marine Corps with an understanding of the obstacles Warrior Marines face, while serving as their advocate to ensure coordinated medical and non-medical recovery efforts. WWR guidelines indicate that section leaders support their wounded, ill and injured Marines on a 1:10 ratio.

[35] A senior non-commissioned officer is an enlisted member of the armed forces, appointed to a rank conferring leadership over other enlisted personnel.

[36] The primary tool used to coordinate a recovering Marine's and their family's care is the Comprehensive Recovery Plan (CRP). This plan is based on information from the Marine's recovering needs assessment, which takes into consideration various components such as employment, housing, financing, counseling, family support, disability evaluation process, among others. The CRP is owned by the Marine and is referred to as a "roadmap" for the wounded, ill, and injured Marine and their family and reflects their medical and non-medical goals and milestones from recovery and rehabilitation to community reintegration.

- **Medical Case Manager** – usually a civilian employee who "assesses, plans, implements, coordinates, monitors and evaluates options and services to meet the Marines' complex health needs."[37] The medical case manager helps to coordinate medical appointment schedules and other medical related activities. The case load for case management ranges from 10-50 patients per case manager, depending on the acuity. [38]

- **Primary Care Manager** – either a military or civilian health care provider (for example, physician, physician's assistant, or nurse practitioner) who is the medical point of contact and healthcare advocate for the Warrior. They provide primary oversight and continuity of healthcare and are to ensure the level of care provided is of the highest quality. They are the gateway to all specialty care (such as behavioral health specialists or orthopedic surgeons) and they coordinate with other physicians to ensure that the Warriors are getting the treatment that they need. The PCM to wounded, ill, and injured Marine is approximately 200 to 250.

- **Recovery Care Coordinator (RCC)** – usually a civilian employee who serves as the Warrior's primary point of contact to help them define their individual goals for recovery, rehabilitation, and community reintegration. Additionally, the RCC identifies the services and resources needed to achieve these goals and develops the CRP that guides the Warrior during their transition. The RCC to wounded, ill, and injured Marine is no greater than 1:40.

Wounded Warrior Regiment (WWR) Section Leader Training

The WWR implemented Computer Based Training (CBT) for all WWR staff. Within 30 days of assignment to the regiment, headquarters, battalion, or detachment, all military and civilian personnel were required to complete the CBT modules. CBT modules included, but were not limited, to the following topics:

- WWR Command Overview and Lines of Operation (mind, body, spirit, and family);

- Command Inspection Team, District Injured Support Coordinators (DISC);

- Effective Counseling, Family Readiness Program;

- Veterans' Service and Support Organizations, Fundamentals of Public Affairs;

[37] DoD TRICARE 2009 Medical Management Guide, 'Case Management," version 3.0, electronic pages, 62 and 65.

[38] Bureau of Medicine and Surgery (BUMED) Instruction, 6300.17, "Navy Medicine Clinical Case Management," November 23, 2009.

- Introduction to Gifts Acceptance;
- Reserve Medical Entitlements Determination (RMED);
- Traumatic Service Members' Group Life Insurance (TSGLI);
- Identifying the Signs and Symptoms of Suicide and Intervening in Suicidal Crisis;
- Introduction to Integrated Disability Evaluation System (IDES);
- Marine Corps Wounded, Ill, and Injured Tracking System (MCWIITS);
- Non-Medical Attendant/Invitational Travel Orders (NMA/ITOs); and
- Recovery Care Coordinator (RCC) and Comprehensive Recovery Plan (CRP).

To better support wounded, ill, and injured Marines to remain in operational units, operational unit commanders and senior enlisted leaders received training that covered the WWR Handbook, web-based materials, social media outreach, wounded, ill, and injured Marines' administrative support needs, and RCC support. Additionally, from October 2010 through July 2011, the WWR also piloted an Enlisted Professional Military Education (EPME) course. Reportedly, results were favorable in that this course provided practical information for senior enlisted responsibilities and provided more insight into available resources for wounded, ill, and injured Marines. Based on those results, WWR training has been included in all EPME courses.

Appendix E

Applicable Criteria

1. **FRAGO 3 to Operational Order (OPORD) 07-055, "MEDCOM Implementation of the Army Medical Action Plan (AMAP)," June 2007**. This order established the development and delivery of standardized training for the cadre of WTUs, with special focus on the "WTU Triad."

2. **Warrior Care and Transition Program (WTCP) Policy Memo 14-001, "Policy Memorandum - Warrior Transition Unit (WTU)/Community-Based Warrior Transition Unit (CBWTU) Cadre Assignments," January 15, 2014.** This policy establishes procedures for identifying, screening, and selecting best-qualified candidates for WTU/CBWTU cadre positions.

3. **Marine Corps Order P1300.8R, "Marine Corps Personnel Assignment Policy," October 4, 1994.** This order describes general assignment policy for Marine Corps personnel.

4. **Marine Corps Order 5320.12H, "Precedence Levels for Manning and Staffing," June 4, 2012.** This order provides policy for manning and staffing the Marine Corps.

5. **Marine Corps Order 1001R.1K, "Marine Corps Reserve Administrative Management Manual (MCRAMM)," March 22, 2009.** This order describes Individual Mobilization Augmentees as individual Selected Reservists who receive training and are pre-assigned to an Active Component (AC) organization billet that must be filled to meet the requirements of the organization to support mobilization requirements across the spectrum of military operations and training.

6. **Marine Corps Order 1001.62A, "Individual Mobilization Augmentee (IMA) Program," January 17, 2012.** This order describes the IMA mission as providing a source of trained and qualified members of the Selected Marine Corps Reserve (SMCR) to fill individual military billets which augment AC units of the Marine Corps, Department of Defense entities, and other departments or agencies of the U.S. Government possessing IMA structure on their T/O, also referred to as "Commands."


INSPECTOR GENERAL
INTEGRITY
EFFICIENCY
DEPARTMENT OF DEFENSE

Management Comments

Department of the Army, Office of Surgeon General

REPLY TO ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042-5140

MCIR

25 JUN 2014

MEMORANDUM FOR Department of Defense Inspector General, Special Plans and Operations, ATTN: [redacted], 4800 Mark Center Drive, Alexandria, VA 22350-1500

SUBJECT: Reply to DODIG Draft Report, Assessment of Wounded Warrior Matters, Selection and Training of Warrior Transition Unit and Wounded Warrior Battalion Leaders and Cadre (Project No. D2010-D00SOP-0209.006)

1. Thank for you the opportunity to review this report. Our comments are enclosed for your consideration.

2. Our point of contact is [redacted] Internal Review and Audit Compliance Office, [redacted], or email: [redacted]

FOR THE SURGEON GENERAL:

Encl

ULDRIC L. FIORE, JR.
Chief of Staff

Department of the Army, Office of Surgeon General (cont'd)

U.S. Army Medical Command (MEDCOM) and
Office of the Surgeon General (OTSG)

Comments on DODIG Draft Report
Assessment of DOD Wounded Warrior Matters: Selection and Training of Warrior Transition Unit and Wounded Warrior Battalion Leaders and Cadre
(Project No. D2010-D00SOP-0209.006)

RECOMMENDATION 1.a.: Take action to meet the instructor staffing requirements for the WTU Cadre Training Program in response to the October 25, 2013, memorandum from the Assistant Secretary of the Army (Manpower and Reserve Affairs), subject Validation of the U.S. Army Medical Department Center & School [AMEDDC&S] Manpower Organizational Study.

RESPONSE: Concur. The US Army Manpower Analysis Agency reconsidered the number of requirements for validation based on additional data and information submitted by the AMEDDC&S. Of the 14 requested instructor requirements for Department of Warrior Transition Units, 13 were approved. (See attachment 1, paragraph 3.a.(2)).

RECOMMENDATION 1.b.: Commander, Warrior Transition Command [WTC], in coordination with Commander, Army Medical Department Center and School, assess instructor-to-student staffing ratios for WTU Cadre Training Program to identify instructor shortfalls and initiate action to request formal manpower reviews as needed to meet mission requirements.

RESPONSE: Concur. The WTC and AMEDDC&S continue to work together to assess WTU Cadre Training Program needs and initiate action to meet mission requirements.

For example, the AMEDDC&S Program of Instruction (POI) prescribes a ratio of 1 instructor to 20 students (see attachment 2, pages 15-1 through 17-1). Some of these ratios will be changed to reflect the US Army Training and Doctrine Command (TRADOC) standard for small group instruction of 1:16 (see attachment 3). While these ratios are not always achievable due to the limited resources, the AMEDDC&S Department of Warrior Transition supplements instructor staff with internal and external subject matter experts to meet mission requirements. We anticipate publishing the revised POI with TRADOC ratios by the end of FY15, depending on Curriculum Development Division workload.

The Army Nurse Case Manager course, required for WTU nurse case managers, is authorized two instructors but only has one on board. The AMEDDC&S recently approved a request to fill the vacant nurse educator position (see attachment 4). MEDCOM anticipates the position will be filled by 1 August 2014.

Encl

Department of the Army, Office of Surgeon General (cont'd)

In FY 14, WTC agreed to provide funding for contract instructors. The contract will provide four instructors to support the program by providing instruction across a variety of subject matter, alleviating many current challenges with small group instruction. The contract is expected to be executed during July 2014.

In addition, the Southern Regional Medical Command collaborated with WTC to provide military support to the program though an attached Noncommissioned Officer (NCO) from the local Warrior Transition Battalion. A second NCO is expected to be attached by 30 June 2014.

Finally, MEDCOM Operations Order 13-60, Warrior Care and Transition Program Cadre Resilience Course, directed the Cadre Resilience Course be added to the program by 1 September 2013 (see attachment 5). A request to hire the CRC position was submitted in January 2014, but has not been authorized due to competition with other hiring priorities for the AMEDDC&S and a MEDCOM-imposed cap on civilian positions. The CRC is taught by a team from MEDCOM's Comprehensive Solider and Family Fitness Program, in accordance with MEDCOM Operations Order 13-60. The Department of Warrior Transition will continue to work toward hiring the staff position, which will provide additional instructor support, course and student management, and education administration.

Deputy Commandant for Manpower and Reserve Affairs

DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3280 RUSSELL ROAD
QUANTICO, VIRGINIA 22134-5103

IN REPLY REFER TO:
5041
M&RA
JUL 2 2 2014

From: Assistant Deputy Commandant for Manpower and Reserve Affairs
To: Department of Defense Inspector General

Subj: DOD IG DRAFT ASSESSMENT REPORT "SELECTION AND TRAINING OF WARRIOR TRANSITION UNIT AND WOUNDED WARRIOR BATTALION LEADERS AND CADRE", PROJECT NO. D2010-D00SPO-0209.006

1. The subject report has been reviewed. Marine Corps concurs with the basic assessment report and provides the following comments in response to the specific recommendations addressed to the Marine Corps. Responses are keyed to the format of the assessment report.

2. Recommendations Table:

- 2a. Modify the Table of Organization to appropriately reflect the required Wounded Warrior Battalion leaders and cadre manning levels to sustain the mission.

- 2b. Revalidate whether the manning precedence level category of Wounded Warrior Battalion - East and Wounded Warrior Battalion - West should be changed in the Commandant of the Marine Corps Precedence Level for Manning and Staffing.

- 2c. Develop risk mitigation plans, procedures, and contingencies for Wounded Warrior Battalion active-duty and Reserve forces to ensure Wounded Warrior Battalion leadership billets are not largely dependent on Reserve Individual Mobilization Augmentee authorizations.

Response: A complete review of the Wounded Warrior Regiment manning and staffing is being undertaken by an Operational Planning Team (OPT) as directed by the Deputy Commandant, Manpower and Reserve Affairs (DC M&RA). That OPT has been directed to identify the future staffing requirements of the Regiment and subordinate elements as determined by the expected population of future wounded, ill or injured Marines. The above recommendations, in addition to the conclusions and recommendations of that OPT, will be presented to the DC M&RA for decision.

- 2d. Develop policy and procedures to extend the standard length of Wounded Warrior Battalion Reserve Individual Mobilization Augmentee assignments to 2 years, to ensure greater stability in force structure, staff continuity, and to sustain the mission.

Deputy Commandant for Manpower and Reserve Affairs (cont'd)

Subj: DOD IG DRAFT ASSESSMENT REPORT "SELECTION AND TRAINING OF WARRIOR TRANSITION UNIT AND WOUNDED WARRIOR BATTALION LEADERS AND CADRE", PROJECT NO. D2010-D00SPO-0209.006

Response: Services are constrained in their ability to mobilize reserve personnel beyond one year terms as funding for their mobilization is tied to the availability of funding for the current fiscal year and statutory prohibition of obligating federal funds beyond the current fiscal year. Every effort is made to retain high performing Reserve personnel from fiscal year to fiscal year depending on the availability of funding and the individual reservists' personal desires or service limitations. No action will be taken in response to this recommendation.

- 3a. Establish a standard formalized screening, selection, and assignment process for Enlisted Active Component Marines filling Wounded Warrior Battalions positions similar to the process currently used for Reserve Individual Mobilization Augmentee Marines.

- 3b. Establish a standard review process whereby regiment and battalion leaders can interview potential Enlisted Active Component Marine WWBn candidates to ensure they are the "best fit" and most qualified to better serve the Marines in the Wounded Warrior Battalions.

Response: The Wounded Warrior OPT will consider development of a screening and assignment process for Enlisted Active and Reserve Component Marines to WWBn billets. OPT recommendations will be briefed to DC M&RA for final decision.

3. The Marine Corps top priority remains "keeping faith" with our wounded, ill and injured Marines and their families.

4. Point of contact for this matter is [redacted].

S. E. MURRAY

Copy to:
USMC IG

2


INSPECTOR GENERAL
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Acronyms and Abbreviations

AC	Active Component
AHS	Academy of Health Sciences
ALARACT	All Army Activities
AMAP	Army Medical Action Plan
AMEDDC&S	Army Medical Department Center and School
ASI	Additional Skill Identifier
CBT	Computer Based Training
CBWTU	Community-Based Warrior Transition Unit
CMC	Commandant of the Marine Corps
CONUS	Continental United States
CRP	Comprehensive Recovery Plan
CTP	Comprehensive Transition Plan
DC M&RA	Deputy Commandant for Manpower and Reserve Affairs
DISC	District Injured Support Coordinator
EPME	Enlisted Professional Military Education
EXORD	Department of the Army Execution Order
FRAGO	Fragmentary Order
GAO	Government Accountability Office
IDES	Integrated Disability Evaluation System
IMA	Individual Mobilization Augmentee
MCM	Medical Case Manager
MCRAMM	Marine Corps Reserve Administrative Management Manual
MCO	Marine Corps Order
MCWIITS	Marine Corps Wounded, Ill, and Injured Tracking System
MEDCOM	The United States Army Medical Command
MEDDAC	Medical Department Activity
MDTs	Multi-Disciplinary Teams
MOS	Military Occupational Specialty
MTF	Medical Treatment Facility
NCM	Nurse Case Manager
NCO	Non-Commissioned Officer
NMA/ITOs	Non-Medical Attendant/Invitational Travel Orders
OCO	Overseas Contingency Operations
OPORD	Operational Order
OTSG	Office of the Surgeon General
PCM	Primary Care Provider

PTSD	Post-Traumatic Stress Disorder
RCC	Recovery Care Coordinator
RFI	Request for Information
RMED	Reserve Medical Entitlements Determination
SDAP	Special Duty Assignment Pay
SMCR	Selective Marine Corps Reserve
SME	Subject Matter Expert
SNCO	Senior Non-Commissioned Officer
TBI	Traumatic Brain Injury
TDA	Table of Distribution and Allowances
TDRL	Temporary Disability Retirement List
TO&E	Table of Organization and Equipment
TSGLI	Traumatic Service Members' Group Life Insurance
USAMAA	U.S. Army Manpower Analysis Agency
VA	Department of Veterans Affairs
WCTP	Warrior Care and Transition Policy
WRO	Wounded Warrior Regiment Order
WT	Warrior in Transition
WTB	Warrior Transition Battalion
WTC	Warrior Transition Command
WTU	Warrior Transition Unit
WW	Wounded Warrior
WII	Wounded, Ill, and Injured
WWBn-East	Wounded Warrior Battalion-East
WWBn-West	Wounded Warrior Battalion-West
WWR	Wounded Warrior Regiment

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